

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000014982

1. Entity Name

SIGNET DIAGNOSTIC CORPORATION

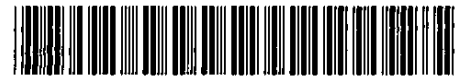


Principal Place of Business

**3555 FISCAL CT
8 & 9
RIVIERA BCH FL 33404
US**

Mailing Address

**3555 FISCAL CT
8 & 9
RIVIERA BCH FL 33404
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0392284**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASULA, MARK J
15865 79TH TERRACE N
PALM BEACH GARDENS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD PASULA, MARK J PH.D. 15865 79TH TERR N. PALM BCH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HOFFMAN, MICHAEL 13324 WHISPERING LAKES LANE PALM BEACH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD DAVIS, JERRY III 1208 SUNSET AVE PERRY GA	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TSD SOUZA, ROBERT 355 ELLAMAR ROAD WEST PALM BEACH FL 33405	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD DEMITCHELL, ETHAN 2220 N 47TH AVE HOLLYWOOD FL 33021	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	U000000677049 03/30/07-80089-004 158.75
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Souza

Robert Souza, CFO

3-20-07

561-848-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #